

FLORENCE TOWNSHIP ZONING PERMIT APPLICATION

Application Fees:

Residential/Owner Occupied: \$50.00
Commercial: \$100.00

Do Not Write in This Space

Received _____ By _____
Cash _____ Check # _____ Card _____
Application # _____ Control # _____
Approved _____ Denied _____ Conditional _____
Reason for denial _____
Condition of approval _____
Signature: _____ Date: _____

Block: _____ Lot: _____

Work Site Address: _____

Applicant Name: _____ Telephone # (____) _____

Property Owner: _____ Telephone # (____) _____

Owner Address: _____
Number Street City State Zip

Description of Work: _____

Prior Variance(s)?: Yes ____ No ____ Approval Date: _____ File No: _____

STRUCTURES

Ground floor area: Existing structure _____ Proposed _____ Total _____

Height of proposed structure: _____

Setbacks for proposed work: Front _____ Rear _____ Side #1 _____ Side #2 _____
Secondary Front _____ (Corner Lots)

FENCES

Fence: Type _____ Height _____ Location _____

POOLS

Pools: Above ground _____ Inground _____ Distance from property line: Side _____ Rear _____
Fence Height _____ Filter location _____

* For permanent pools, wall of pool shall not be located less than 6' from side/rear yard or 10' from alley/easement line.
For temporary pools, setbacks are 2' from property line.

LOT CHARACTERISTICS

Lot size: Width _____ Depth _____ Square Footage _____

Percentage of impervious lot coverage (prevents water from passing through i.e. structures, sidewalks, driveway, pool, decks, concrete patio, not pavers set in sand without cement).

Existing Lot Coverage _____ sq.ft + Proposed Lot Coverage _____ sq.ft = Total _____ sq.ft ____ %

I hereby certify that I am the owner in fee of the above property or the agent of the owner with the owner's authorization to make application on his/her behalf for the proposed work. I also agree to conform to all applicable Florence Township Codes related to this project. I certify that to the best of my knowledge the information I provided on this application and supporting documentation are true and accurate. I also understand that false or misleading information is cause to revoke the Zoning Permit in addition to any construction permits issued for this proposed work.

Owner(s) in fee: Signature: _____ Date: _____

FLORENCE TOWNSHIP ZONING PERMIT INSTRUCTIONS FOR FILING

1. Application fees are non-refundable.
2. Two copies of your property survey must be submitted with a drawing of the proposed work indicated on the survey. Use a color pen or marker that contrasts with the color of the survey ink.
3. A survey must be updated if it does not accurately reflect **current** property features. You can manually update the survey yourself by drawing the features that are missing. You must provide exact dimensions of the features.
4. The Zoning Permit Application is only for Zoning approval. Applicants must still obtain all applicable State, County, Local Building, and Private Homeowner Association approvals.
5. As of October 14, 2005, any existing dwelling with a well or septic which applies for a permit for an outside improvement must seek approval from the Burlington County Health Department by calling 609-265-5548. Health Department approval for well/septic properties is required to ensure there are no encroachments and/or conflicts with the well/septic systems.
6. For those properties located in an area with a Homeowners' Association, approval from the association must be documented *before* applying for a zoning permit.

APPLICATION CHECKLIST

- _____ Two (2) property surveys showing existing conditions and marked with the proposed changes to the property.
- _____ Where applicable, 1 copy of your Homeowners Association approval for the proposed change.
- _____ Where applicable, your Burlington County Health Department – Well / Septic Approval

THE BURLINGTON COUNTY FORM BELOW IS INTENDED **ONLY** FOR APPLICATIONS THAT HAVE A WELL OR SEPTIC, OR BOTH AND WHERE NEW STRUCTURES ARE BEING INSTALLED ON THE SUBJECT PROPERTY. PLEASE USE THE BURLINGTON COUNTY FORM TO COMMUNICATE YOUR PROJECT DESCRIPTION TO THE COUNTY. PLEASE BE SURE TO SUBMIT THE TWO ZONING APPLICATION PAGES DIRECTLY TO FLORENCE TOWNSHIP.



ADDITION OR CHANGE OF USE SUBMISSION REQUIREMENTS

Name of Property Owner: _____

Mailing Address: _____

Township: _____

Block and Lot of Property: _____

Phone Number: _____

Explain in writing what your proposed project or addition will be:

- If you are putting an addition on your house, please include the number of bedrooms your house is before and after the addition is added.

Please attach a sketch of your property with the following information:

- Label components of septic system (tank, distribution box, field)
- Distance of septic systems components to proposed project (shed, addition, pole barn, etc.)
- Location of your well (if applicable)
- Location of your proposed project

PLEASE SEND THIS FORM ALONG WITH PROPERTY SKETCH TO: BCHD@CO.BURLINGTON.NJ.US